



June 29, 2016


Alexa Buckingham  
5325 Waterbridge Dr.  
North Royalton, OH 44133

Dear Sir or Madam,

Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of prescriptions that were submitted on your behalf for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the

GX237.001

GOVERNMENT  
EXHIBIT  
**237**  
4:18-CR-368

 Comments section indicating the correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember. The information we are requesting will assist us in reviewing claims. If you decide to respond to this request, you may choose to skip questions that you do not wish to answer.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345326 or e-mail at [BStockwell@express-scripts.com](mailto:BStockwell@express-scripts.com).

Your prompt response is greatly appreciated. On behalf of Express Scripts, thank you for your assistance.

Sincerely,

Blake Stockwell  
Investigator  
Express Scripts  
Enclosure

CRP15\_724

1. Have you ever had a prescription filled at Omni One Med Pharmacy Services?

Circle One:        YES    NO

2. If Yes, Please provide the following information:

PRESCRIPTION NUMBER	DATE OF FILL	DRUG NAME/ACTIVE INGREDIENT	AMOUNT COVERED BY INSURANCE	RECEIVED? YES or NO	CO-PAY PAID? YES or NO	CO-PAY AMOUNT, IF YES
301436	10/23/2014	COMPOUND	\$16,620.87			
301436	10/29/2014	COMPOUND	\$16,833.87			

3. How were these prescriptions dropped off to the pharmacy?

Circle One:    Hand-delivered        Sent by Doctor        Other

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Confidential Information

4. How did you hear about this pharmacy?

Circle One: Doctor Friend Co-Worker Seminar Advertisement Other

Additional Comments: \_

---

---

---

5. How did you receive these prescriptions?

Circle One: US Mail Fedex/UPS Hand Delivered Other

Additional Comments: \_

---

---

---

6. Are you still receiving prescriptions from this pharmacy?

Circle One: Yes No

Additional Comments: \_

---

---

---

7. These prescriptions were authorized by Dr. Vladimir Redko. Have you ever met or had any consultation with Dr. Vladimir Redko?

Circle One: Yes No

Additional Comments: \_

---

---

---



8. Where have you seen Dr. Vladimir Redko?

Circle ALL that apply:      In Office    In Hospital    Via Telephone    Other

Additional Comments: \_\_\_\_\_

---

---

---

9. What was the intended use of the prescriptions you received?

Circle ALL that apply:      Wound Care      Scar Care      Pain      Skin Therapy      Other

Additional Comments: \_\_\_\_\_

---

---

---

10. Please use the below area to provide any additional comments

Additional Comments: \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Confidential Information

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_




June 29, 2016

Evan Buckingham  
5325 Waterbridge Dr.  
North Royalton, OH 44133

Dear Sir or Madam,

Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of prescriptions that were submitted on your behalf for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the

 Comments section indicating the correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember. The information we are requesting will assist us in reviewing claims. If you decide to respond to this request, you may choose to skip questions that you do not wish to answer.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345326 or e-mail at [BStockwell@express-scripts.com](mailto:BStockwell@express-scripts.com).

Your prompt response is greatly appreciated. On behalf of Express Scripts, thank you for your assistance.

Sincerely,

Blake Stockwell  
Investigator  
Express Scripts  
Enclosure

CRP15\_724

1. Have you ever had a prescription filled at Omni One Med Pharmacy Services?

Circle One:        YES    NO

2. If Yes, Please provide the following information:

PRESCRIPTION NUMBER	DATE OF FILL	DRUG NAME/ACTIVE INGREDIENT	AMOUNT COVERED BY INSURANCE	RECEIVED? YES or NO	CO-PAY PAID? YES or NO	CO-PAY AMOUNT, IF YES
301435	10/23/2014	COMPOUND	\$16,620.87			
301435	10/29/2014	COMPOUND	\$16,833.87			

3. How were these prescriptions dropped off to the pharmacy?

Circle One:    Hand-delivered        Sent by Doctor        Other

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Confidential Information

4. How did you hear about this pharmacy?

Circle One: Doctor Friend Co-Worker Seminar Advertisement Other

Additional Comments: \_

---

---

---

5. How did you receive these prescriptions?

Circle One: US Mail Fedex/UPS Hand Delivered Other

Additional Comments: \_

---

---

---

6. Are you still receiving prescriptions from this pharmacy?

Circle One: Yes No

Additional Comments: \_

---

---

---

7. These prescriptions were authorized by Dr. Vladimir Redko. Have you ever met or had any consultation with Dr. Vladimir Redko?

Circle One: Yes No

Additional Comments: \_

---

---

---





8. Where have you seen Dr. Vladimir Redko?

Circle ALL that apply:      In Office    In Hospital    Via Telephone    Other

Additional Comments: \_\_\_\_\_

---

---

---

9. What was the intended use of the prescriptions you received?

Circle ALL that apply:      Wound Care      Scar Care      Pain      Skin Therapy      Other

Additional Comments: \_\_\_\_\_

---

---

---

10. Please use the below area to provide any additional comments

Additional Comments: \_\_\_\_\_

[illegible]



Confidential Information

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_




June 29, 2016

Sheila Buckingham  
5325 Waterbridge Dr.  
North Royalton, OH 44133

Dear Sir or Madam,

Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of prescriptions that were submitted on your behalf for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the

 Comments section indicating the correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember. The information we are requesting will assist us in reviewing claims. If you decide to respond to this request, you may choose to skip questions that you do not wish to answer.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345326 or e-mail at [BStockwell@express-scripts.com](mailto:BStockwell@express-scripts.com).

Your prompt response is greatly appreciated. On behalf of Express Scripts, thank you for your assistance.

Sincerely,

Blake Stockwell  
Investigator  
Express Scripts  
Enclosure

CRP15\_724

1. Have you ever had a prescription filled at Omni One Med Pharmacy Services?

Circle One:        YES    NO

2. If Yes, Please provide the following information:

PRESCRIPTION NUMBER	DATE OF FILL	DRUG NAME/ACTIVE INGREDIENT	AMOUNT COVERED BY INSURANCE	RECEIVED? YES or NO	CO-PAY PAID? YES or NO	CO-PAY AMOUNT, IF YES
301432	10/23/2014	COMPOUND	\$16,620.87			
301432	10/29/2014	COMPOUND	\$16,833.87			

3. How were these prescriptions dropped off to the pharmacy?

Circle One:    Hand-delivered        Sent by Doctor        Other

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Confidential Information

4. How did you hear about this pharmacy?

Circle One: Doctor Friend Co-Worker Seminar Advertisement Other

Additional Comments: \_

---

---

---

5. How did you receive these prescriptions?

Circle One: US Mail Fedex/UPS Hand Delivered Other

Additional Comments: \_

---

---

---

6. Are you still receiving prescriptions from this pharmacy?

Circle One: Yes No

Additional Comments: \_

---

---

---

7. These prescriptions were authorized by Dr. Vladimir Redko. Have you ever met or had any consultation with Dr. Vladimir Redko?

Circle One: Yes No

Additional Comments: \_

---

---

---



8. Where have you seen Dr. Vladimir Redko?

Circle ALL that apply:      In Office    In Hospital    Via Telephone    Other

Additional Comments: \_\_\_\_\_

---

---

---

9. What was the intended use of the prescriptions you received?

Circle ALL that apply:      Wound Care      Scar Care      Pain      Skin Therapy      Other

Additional Comments: \_\_\_\_\_

---

---

---

10. Please use the below area to provide any additional comments

Additional Comments: \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Confidential Information

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_